

This listing of claims will replace all prior versions, and listings, of claims in the application:

**Listing of Claims:**

Claims 1-25 Cancelled.

26. (Currently amended) A method of forming an elongate ablation to electrically isolate one part of the heart from another part of the heart, comprising the steps of:

providing an ablation device having an elongate ablating portion;

forming an opening in the patient's pericardium;

introducing the ablation device through the opening in the pericardium;

positioning the elongate ablating portion in contact with a portion of the patient's heart;

ablating tissue with the elongate ablating portion to form a pulmonary vein isolation lesion which electrically isolates at least one of the pulmonary veins; and

forming a lesion extending from the pulmonary vein isolation lesion to the annulus of the mitral valve.

27. Cancelled

28. (Currently amended) The method of claim[[s]] 26 [[or 27]] wherein:

the ablating step is carried out with the elongate ablation portion contacting an epicardial surface.

29. Cancelled

30. (Currently amended) The method of claim [[27]]26 wherein:

the ablating step is carried out with the pulmonary vein isolation lesion being formed by creating a first lesion adjacent to two of the pulmonary veins.

31. (Original) The method of claim 30, wherein:

the ablating step is carried out with the pulmonary vein isolation lesion being formed by creating a second lesion near the other two pulmonary veins.

32. (Original) The method of claim 31, wherein:  
the ablating step is carried out with the pulmonary vein isolation lesion being formed by creating a third lesion which connects the first and second lesions.

33. (Original) The method of claims 32, wherein:  
the ablating step is carried out with the third lesion being formed by two lesions.

34. (Currently amended) The method of claim ~~[[27]]~~26 further comprising the step of :  
inserting the ablation device into the patient's heart through a penetration in the patient's heart.

35. (Original) The method of 34, wherein:  
the positioning step is carried out with the elongate ablating portion being in contact with an epicardial surface.

36. (Previously amended) The method of claim 34, wherein:  
the inserting step is carried out with the ablation device extending through a hemostatic seal in an atrial wall.

37. (Original) The method of claim 36, wherein:  
the inserting step is carried out with the hemostatic seal being a purse-string suture.

38. (Original) The method of claim 26, wherein:  
the providing step is carried out with a plurality of ablation devices, each of the ablation devices having at least one elongate ablating portion; and  
the ablating step is carried out using the plurality of ablation devices.

39. (Original) The method of claim 38, wherein:  
the plurality of ablation devices have different shapes.

40. (Original) The method of claim 39, wherein:  
the providing step is carried out with each of the ablation devices being shaped to engage a predetermined surface of the heart.
41. (Original) The method of claim 40, wherein:  
the providing step is carried out with the predetermined surface of the heart being an interior wall of the heart.
42. (Original) The method of claim 41, wherein:  
the providing step is carried out with the predetermined surface of the heart being an interior wall of an atria chamber.
43. (Original) The method of claim 26, further comprising the steps of:  
moving the elongate ablating portion to another position; and  
forming another elongate ablation after the moving step.
44. (Original) The method of claim 26, further comprising the step of:  
forming a series of elongate ablations which cooperate with one another to treat atrial fibrillation.
45. (Original) The method of claim 26, wherein:  
the providing step is carried out with the ablating element being a cryosurgical element.
46. (Original) The method of claim 26, wherein:  
the providing step is carried out with the ablating element being an ablating element selected from the group consisting of cryosurgical, RF ablation, ultrasound, microwave, laser, chemical agent, biological agent, light-activated agent, laser ablation and resistance heating ablation.
47. Cancelled
48. Cancelled

49. (Original) The method of claim 26, further comprising the step of:  
measuring a temperature of a wall of the heart on a side opposite the elongate  
ablating portion.

50. Cancelled

51. Cancelled

52. (Previously presented) A method of forming an elongate ablation to  
electrically isolate one part of the heart from another part of the heart, comprising the steps  
of:

providing an ablation device having an elongate ablating portion, the device  
having a first jaw and a second jaw which are movable toward and away from one another to  
clamp a cardiac structure;

forming an opening in the patient's pericardium;

introducing the ablation device through the opening in the pericardium;

positioning the elongate ablating portion in contact with a portion of the  
patient's heart; and

ablating tissue with the elongate ablation portion.

53. (Previously presented) The method of claim 52, wherein:  
the ablating step is carried out to form a pulmonary vein isolation lesion  
which electrically isolates at least one of the pulmonary veins.

54. (Previously presented) The method of claims 52 or 53, wherein:  
the ablating step is carried out with the elongate ablating portion contacting  
an epicardial surface.

55. (Previously presented) The method of claim 52, further comprising  
the step of:  
inserting the ablation device into the patient's heart through a penetration in  
the patient's heart.

56. (Previously presented) The method of claim 55, wherein:  
the positioning step is carried out with the elongate ablating portion being in contact with an epicardial surface.

57. (Previously presented) The method of claim 55, wherein:  
the inserting step is carried out with the ablation device extending through a hemostatic seal in an atrial wall.

58. (Previously presented) The method of claim 57, wherein:  
the inserting step is carried out with the hemostatic seal being a purse-string suture.

59. (Previously presented) The method of claim 52, wherein:  
the providing step is carried out with a plurality of ablation devices, each of the ablation devices shaving at least one elongate ablating portion; and  
the ablating step is carried out using the plurality of ablation devices.

60. (Previously presented) The method of claim 59, wherein:  
the plurality of ablation devices have different shapes.

61. (Previously presented) The method of claim 59, wherein:  
the providing step is carried out with each of the ablation devices being shaped to engage a predetermined surface of the heart.

62. (Previously presented) The method of claim 61, wherein:  
the providing step is carried out with the predetermined surface of the heart being an interior wall of the heart.

63. (Previously presented) The method of claim 61, wherein:  
the providing step is carried out with the predetermined surface of the heart being an interior wall of an atria chamber.

64. (Previously presented) The method of claim 52, further comprising the steps of:

moving the elongate ablating portion to another position; and  
forming another elongate ablation after the moving step.

65. (Previously presented) The method of claim 52, further comprising the step of:

forming a series of elongate ablations which cooperate with one another to treat atrial fibrillation.

66. (Previously presented) The method of claim 52, wherein:  
the providing step is carried out with the ablating element being a cryosurgical element.

67. (Previously presented) The method of claim 52, wherein:  
the providing step is carried out with the ablating element being an ablating element selected from the group consisting of cryosurgical, RF ablation, ultrasound, microwave, laser, chemical agent, biological agent, light-activated agent, laser ablation and resistance heating ablation.

68. Cancelled

69. (Previously presented) The method of claim 52, further comprising the step of:  
measuring a temperature of a wall of the heart on a side opposite the elongate ablating portion.

70. Cancelled

71. (Currently amended) A method of forming an elongate ablation to electrically isolate one part of the heart from another part of the heart, comprising the steps of:

providing [[an]]at least one ablation device having an elongate ablating portion;

forming an opening in the patient's pericardium;  
introducing the ablation device through the opening in the pericardium;  
positioning the elongate ablating portion in contact with a portion of the patient's heart; and  
ablating tissue with the elongate ablating portion, the ablating step is carried out ~~with the~~ to form a pulmonary vein isolation lesion ~~being formed~~ by creating a first lesion adjacent to two of the pulmonary veins and a second lesion adjacent to the other two pulmonary veins.

72. (Previously presented) The method of claim 71, wherein:  
the ablating step is carried out to form a pulmonary vein isolation lesion which electrically isolates at least one of the pulmonary veins.

73. (Previously presented) The method of claims 71 or 72, wherein:  
the ablating step is carried out with the elongate ablating portion contacting an epicardial surface.

74. Cancelled

75. Cancelled

76. (Currently amended) The method of claim ~~[[75]]~~71 wherein:  
the ablating step is carried out with the pulmonary vein isolation being formed by creating a third lesion which connects the first and second lesions.

77. (Currently amended) The method of claim 76, wherein:  
the ablating step is carried out with the third lesion being formed by at least two lesions.

78. (Previously presented) The method of claim 71, wherein:  
the positioning step is carried out with the elongate ablating portion being in contact with an epicardial surface.

79. (Previously presented) The method of claim 71, further comprising the step of:

inserting at least part of the ablation device into the patient's heart through a penetration in the patient's heart.

80. (Previously presented) The method of claim 79, wherein:  
the inserting step is carried out with the ablation device extending through a hemostatic seal in an atrial wall.

81. (Previously presented) The method of claim 79, wherein:  
the inserting step is carried out with the hemostatic seal being a purse-string suture.

82. (New) The method of claim 52, wherein:  
the providing step is carried out with the ablation device having the elongate ablating portion on both the first and second jaws; and  
the ablating step being carried out by ablating tissue between the first and second jaws with both of the elongate ablating portions.

83. (New) The method of claim 82, wherein:  
the ablating step is carried out to create a transmural lesion through the cardiac structure clamped between the first and second jaws.

84. (New) The method of claim 83, wherein:  
the providing step is carried out with the ablation device having a sensor which determines when a transmural lesion has been formed during the ablating step.

85. (New) The method of claim 52, wherein:  
the positioning step is carried out with the first and second jaws moving substantially parallel to one another when clamping the cardiac structure therebetween.



86. (New) A method of forming an elongate ablation to electrically isolate one part of the heart from another part of the heart, comprising the steps of:

- providing an ablation device having a first jaw and a second jaw which are movable toward and away from one another, the first and second jaws each having an elongate ablating portion, the ablation device also having a sensor which determines whether a transmural lesion has been formed between the first and second jaws;
- introducing the ablation device into the patient's chest;
- clamping a portion of the patient's heart between the first and second jaws, wherein the elongate ablating portion of at least one of the first and second arms is in contact with an epicardial surface; and
- ablating tissue with the elongate ablation portion until the sensor determines that a transmural lesion has been formed between the first and second jaws.

87. (New) The method of claim 86, wherein:  
the providing step is carried out with the sensor being a temperature sensor.

88. (New) The method of claim 86, wherein:  
the clamping step is carried out with the first and second jaws moving substantially parallel to one another when clamping the cardiac structure.

89. (New) The method of claim 86, wherein:  
the clamping and ablating steps are repeated a number of times to create a continuous lesion around at least one of the pulmonary veins, the continuous lesion electrically isolating the at least one pulmonary vein.